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Student Information Database Form

Class:	<input type="checkbox"/> Study Skills	<input type="checkbox"/> Basic English	<input type="checkbox"/> Math	<input type="checkbox"/> Literacy
Day/Time:				
Teacher				
Date started at Adult Ed. Centre: Month: _____ Day: : _____ Year: : _____				

Name:
Birth date:
Address:
Phone home:
Phone work:
Cell phone:
E-mail address: